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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145800002		CITYORI	OWN	WEIMOU) I II
APPLICATION FOR I	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	KELLY'S ASSOCIAT	ΓES, INC.				
DOING BUSINESS A	KELLY'S LANDING	G				
ADDRESS 159 BRIDG	GE ST.					
CITY/TOWN: WEYN	MOUTH	STATE: MA	ZIP CO	DE:	02191	
MANAGER: NUTTI PATRI	,	OF LICENSE: Res	staurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS			
DESCRIPTION OF LI	CENSED PREMISES	S:				
TWO ROOMS, 1ST. F	LOOR, KITCHEN A	ND CELLAR FO	R STORAGI	E, 4,790	SQ. FT.	
I hereby certify and swe	-					
	l license will be of the	* *	•			
	has complied with all			lating to	taxes; and	
3. the premises	s are now open for bu	siness (If not expla	ain below)			
SIGNED BY:			0.00			
_	Individual, Partner or	Authorized Corpo	orate Officer			
DATE:	TELEPHONE 1	NUMBER:				ΓΙΟΝ NUMBER:
			(Note:)	NOT Ind	ividual Social S	Security Number)
We the undersigned,	attest that we are in	nossession (1) the	e certificate	reanir	ed by Chant	er 304 of the
Acts of 2004, signed b	y the building inspe	ctor and the head	d of the fire	departı	nent for the	above named
license and (2) the cer	rtificate of liquor lia	bility insurance r	equired by (Chapte	r 116 of the	Acts of 2010.
Please Check Below:			LOCAL I	LICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	a)					
D. 1 555						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 145800003		CITY OR TOW	N WEIMOU	ПП
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	JSS CHU INC				
DOING BUSINESS	A CATHAY CI	ENTER			
ADDRESS 203 BRII	DGE ST.				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02191	
MANAGER: CHU	, SAM	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
·	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRE	EMISES:			
I STORY BUILDII REAR DOOR USED		NG 4000 SQ. FT. W/FRC RIES AND EXIT	ONT DOOR FROM	M PARKING L	LOT AND
I hereby certify and s	wear under pena	lties of perjury that:			
1. the renew	ed license will b	e of the same type for the	same premises no	w licensed;	
2. the license	ee has complied	with all laws of the Comn	nonwealth relating	g to taxes; and	
3. the premis	ses are now oper	n for business (If not expla	ain below)		
SIGNED BY:					
	Individual, Par	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPH	HONE NUMBER:		ER IDENTIFICAT	
			(Note: NOT)	Individual Social S	Security Number)
We the undersigned	d, attest that we	e are in possession (1) the	e certificate requ	ired by Chapt	er 304 of the
		g inspector and the head			
ncense and (2) the (certificate of fiq	uor liability insurance r	equired by Chap	ter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	NSING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expla	 nin)				
(ii disapproved explo	••••				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 145800004	C	TIYOR TOWN WEIMOO	JIII
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	WEEZIE, INC.			
DOING BUSINESS	A THE CLIFF HAN	IGER		
ADDRESS 230 BRI	DGE ST.			
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE: 02191	
	RSHALL, TYI FFORD H. III.	PE OF LICENSE: Resta	urant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
		r exit from kitchen; pat	io in front parking lot	
I hereby certify and s	•	1 5 6		
		* *	ame premises now licensed;	
	•		onwealth relating to taxes; and	
3. the premi	ses are now open for	business (If not explain	n below)	
SIGNED BY:	Individual, Partner	or Authorized Corpora	nte Officer	
DATE:	TEI EDUON	E NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
	TELEFTION	E NOMBER.	(Note: NOT Individual Social	
			certificate required by Chap of the fire department for the	
			uired by Chapter 116 of the	
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved explain	ain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145800006		CITY OR TOWN	WEIMOU	IП
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 327 BR		ANDTRAP INC.			
CITY/TOWN: WI	EYMOUTH	STATE: MA	ZIP CODE:	02188	
MANAGER: SUI R.	LLIVAN, JOHN T	YPE OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
DESCRIPTION OF BAR	PLEASE ALSO VISIT OUR F LICENSED PREM	WEBSITE AND ENTER YOUR EM ISES:	IAIL ADDRESS		
 the renev the licen 	see has complied wi	of the same type for the the all laws of the Comn or business (If not explant)	nonwealth relating t		
SIGNED BY:	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYEI (Note: NOT Inc		TON NUMBER: ecurity Number)
Acts of 2004, signe	ed by the building i	re in possession (1) the nspector and the head r liability insurance re	of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145	800009		CITY OR TOWN	WEIMOU) I II
APPLICATION FOR REN	NEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: MA	URA,INC.				
DOING BUSINESS A NI	EXT PAGE CAFE				
ADDRESS 550 BROAD S	ST.				
CITY/TOWN: WEYMO	UTH STA	ATE: MA	ZIP CODE:	02188	
MANAGER: PAGE, ED	WARD J. TYPE OF L	ICENSE: Rest	aurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSITE ANI	ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISES:				
ONE LEVEL RESTAURA	ANT WITH BAR				
I hereby certify and swear	under penalties of perju	ıry that:			
1. the renewed lic	ense will be of the same	e type for the	same premises now	licensed;	
2. the licensee has	s complied with all laws	of the Comm	onwealth relating	to taxes; and	
3. the premises ar	e now open for business	s (If not expla	in below)		
SIGNED BY:					
	ividual, Partner or Auth	orized Corpo	ate Officer		
	,	·			
DATE:			EMBLOVE	D IDENTIFICAT	FION NI IMPER.
DATE.	TELEPHONE NUM	BER:			ΓΙΟΝ NUMBER: Security Number)
			(11010) <u>1101</u> III	arvidaar Boeiar B	rumber)
We the undersigned, atte	est that we are in poss	ession (1) the	certificate requir	ed by Chapt	er 304 of the
Acts of 2004, signed by t					
license and (2) the certifi	cate of liquor liability	insurance re	quired by Chapte	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 145800010		CITY OR TOWN	WEYMOUTH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	WESSAGUSSE	ΓΤ POST #1399 V.F.	W.BLDG.ASSOC.,TI	ΗE
DOING BUSINESS	A			
ADDRESS 601 BRO	OAD ST.			
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02188
MANAGER: EMP	PEY, TRACEY T	YPE OF LICENSE: <mark>V</mark>	eterans club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	IISES:		
2. the licens	see has complied w	of the same type for the ith all laws of the Confor business (If not exp	nmonwealth relating to	
	Individual, Partr	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building	inspector and the hea	ad of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl	ain)			
(II disupproved expir	·····)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 145800012		CITY OR TOWN	WEIMOU	ΙП
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	NICK HARRY RE	STAURANT, INC.			
DOING BUSINESS	A NIKO'S RESTAU	JRANT			
ADDRESS 948 BRO	OAD ST.				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02188	
	ACHRISTOS, TYPHOLAS	PE OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
2. the licens	yed license will be of see has complied with ses are now open for	all laws of the Comm	nonwealth relating to		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Indi		CION NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	pector and the head	of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	 ain)				
(II disupproved expre	·····/				
					_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER		-	IIY OR TOWN W	
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	VENETIAN, INC	C., THE		
DOING BUSINESS A	A			
ADDRESS 907-90 B	ROAD ST.			
CITY/TOWN: WEY	MOUTH	STATE: MA	ZIP CODE: 02	2189
MANAGER: PICA,	JOHN H. JR. TY	YPE OF LICENSE: Resta	urant CATE	GORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF L	ICENSED PREM	ISES:		
T1 1 20 1				
I hereby certify and sv	-	es of perjury that: If the same type for the sa	ma promisas now lica	nead:
		th all laws of the Commo	<u>*</u>	
	e mas complica wit	in an laws of the commo	inwearing to take	ics, and
	-	or business (If not explain	below)	
	-	or business (If not explain	below)	
3. the premise	-	or business (If not explain	below)	
	es are now open fo	or business (If not explain		
3. the premise	es are now open fo			
3. the premise	es are now open fo			
3. the premise	es are now open fo Individual, Partne		te Officer	NTIFICATION NUMBER:
3. the premise SIGNED BY:	es are now open fo Individual, Partne	er or Authorized Corpora	te Officer EMPLOYER IDE	ENTIFICATION NUMBER: al Social Security Number)
3. the premise SIGNED BY: DATE:	es are now open fo Individual, Partne	er or Authorized Corpora	te Officer EMPLOYER IDE (Note: NOT Individu	al Social Security Number)
3. the premise SIGNED BY: DATE: We the undersigned Acts of 2004, signed	Individual, Partner TELEPHOL , attest that we ar by the building in	er or Authorized Corpora NE NUMBER: re in possession (1) the conspector and the head o	te Officer EMPLOYER IDE (Note: NOT Individue) certificate required both the fire departmen	y Chapter 304 of the t for the above named
3. the premise SIGNED BY: DATE: We the undersigned Acts of 2004, signed	Individual, Partner TELEPHOL , attest that we ar by the building in	er or Authorized Corpora NE NUMBER: re in possession (1) the c	te Officer EMPLOYER IDE (Note: NOT Individue) certificate required both the fire departmen	y Chapter 304 of the t for the above named
3. the premise SIGNED BY: DATE: We the undersigned Acts of 2004, signed license and (2) the control of the co	Individual, Partner TELEPHOL , attest that we ar by the building in	er or Authorized Corpora NE NUMBER: re in possession (1) the conspector and the head or liability insurance req	EMPLOYER IDE (Note: NOT Individue rertificate required but the fire department uired by Chapter 11 LOCAL LICENSINC	y Chapter 304 of the t for the above named 6 of the Acts of 2010.
3. the premise SIGNED BY: DATE: We the undersigned Acts of 2004, signed license and (2) the control of the co	Individual, Partner TELEPHOL , attest that we ar by the building in	er or Authorized Corpora NE NUMBER: re in possession (1) the conspector and the head or liability insurance req	EMPLOYER IDE (Note: NOT Individue) rertificate required bef the fire departmen uired by Chapter 11	y Chapter 304 of the t for the above named 6 of the Acts of 2010.
3. the premise SIGNED BY: DATE: We the undersigned Acts of 2004, signed license and (2) the control of the co	TELEPHOL , attest that we ar by the building in ertificate of liquor	er or Authorized Corpora NE NUMBER: re in possession (1) the conspector and the head or liability insurance req	EMPLOYER IDE (Note: NOT Individue rertificate required but the fire department uired by Chapter 11 LOCAL LICENSINC	y Chapter 304 of the t for the above named 6 of the Acts of 2010.
3. the premise SIGNED BY: DATE: We the undersigned Acts of 2004, signed license and (2) the complexed Please Check Below: APPROVED: DISAPPROVED:	TELEPHOL , attest that we ar by the building in ertificate of liquor	er or Authorized Corpora NE NUMBER: re in possession (1) the conspector and the head or liability insurance req	EMPLOYER IDE (Note: NOT Individue rertificate required but the fire department uired by Chapter 11 LOCAL LICENSINC	y Chapter 304 of the t for the above named 6 of the Acts of 2010.
3. the premise SIGNED BY: DATE: We the undersigned Acts of 2004, signed license and (2) the complexed Please Check Below: APPROVED: DISAPPROVED:	TELEPHOL , attest that we ar by the building in ertificate of liquor	er or Authorized Corpora NE NUMBER: re in possession (1) the conspector and the head or liability insurance req	EMPLOYER IDE (Note: NOT Individue rertificate required but the fire department uired by Chapter 11 LOCAL LICENSINC	y Chapter 304 of the t for the above named 6 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 145800014		CI	I Y OR TOW	N WEIMOU	ІП
APPLICATION FOR	R RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	COLUMBIAN	BUILDING ASS'	N OF WE	YMOUTH, IN	C.	
DOING BUSINESS	A KNIGHTS OF	COLUMBUS CO	OUNCIL #	# 5027		
ADDRESS 25 CHAI	UNCY ST.					
CITY/TOWN: WE	YMOUTH	STATE:	MA	ZIP CODE:	02188	
MANAGER: Garne	er, Gerard C.	TYPE OF LICENS	SE:Club	1	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PRE	MISES:				
I hereby certify and s	_				1' 1	
		of the same type		•		
		vith all laws of the			g to taxes; and	
3. the premis	ses are now open	for business (If no	it explain	below)		
SIGNED BY:	Individual, Part	ner or Authorized	Corporate	e Officer		
	,					
DATE:	TEI EDH	ONE NUMBER:		EMPLOY	ER IDENTIFICAT	TION NUMBER:
	TEELT	ONE NOMBER.		(Note: NOT	Individual Social S	ecurity Number)
			(4) ·•			
We the undersigned Acts of 2004, signed						
license and (2) the						
Please Check Below:			I	LOCAL LICEN	NSING AUTHO	ORITY
APPROVED:			I	Ву:		
DISAPPROVED:						
(If disapproved expla	uin)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145800016		CITY OR TOWN	WEIMOUIH	
APPLICATION FOR I	RENEWAL:	Annual	LICENS	ED FOR 2013	
		CLASS		YE	EAR
LICENSEE NAME:	ROMANO-STOKES,	INC			
DOING BUSINESS A	JACKSON SQUAR	E TAVERN REST	AURANT		
ADDRESS 1530 COM	MERCIAL ST.				
CITY/TOWN: WEYN	MOUTH	STATE: MA	ZIP CODE:	02189	
MANAGER: STOKE	ES, MICHAELTYPE	OF LICENSE: Res	taurant CA	TEGORY: A	ll Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:			
AS SUBMITTED ON	PLANS				
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises now l	icensed;	
2. the licensee	has complied with al	l laws of the Comn	nonwealth relating to	taxes; and	
3. the premises	s are now open for bu	siness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER	IDENTIFICATION	NUMBER:
	TEEET HOTE	i ve iviberi.	(Note: NOT Indi	vidual Social Secur	ity Number)
We the undersigned, Acts of 2004, signed b					
license and (2) the cer					
Please Check Below:			LOCAL LICENSI	NG AUTHORI	TY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain	1)				
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 145800017		CITY OR TOWN	WEIMOU) I II
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Merlis Restaurant M	Management, Inc			
DOING BUSINESS	A CAFÉ AT WEYM	OUTH CLUB			
ADDRESS 75 FINN	ELL DR.				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02188	
MANAGER: MER	RLIS, CHERYL TYP	E OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		MAIL ADDRESS		_
I hereby certify and s	swear under penalties	of perjury that:			
	ved license will be of t		same premises nov	v licensed;	
2. the licens	see has complied with	all laws of the Comr	nonwealth relating	to taxes; and	
3. the premi	ises are now open for l	business (If not expla	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and the head	l of the fire depart	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explanation)	ли <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145800018		CITY OR TO	WN WEIMOU) I П
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GEORGE R.BEAN	N POST #79 DEPT	OF MA.AM.LEG	G.INC.	
DOING BUSINESS	A CLUB				
ADDRESS 19 HOL	LIS ST.				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODI	E: 02188	
MANAGER: WHI	/	PE OF LICENSE: V	eterans club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
2. the licens	wed license will be of see has complied with ises are now open for	all laws of the Cor	nmonwealth relat		
SIGNED BY:	Individual, Partner	or Authorized Cor	oorate Officer		
DATE:	TELEPHON	E NUMBER:	EMPL	OYER IDENTIFICAT	ΠΟΝ NUMBER:
			(Note: NO	T Individual Social S	Security Number)
Acts of 2004, signe	ed, attest that we are d by the building in certificate of liquor	spector and the he	ad of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	 ain)				
(II disappioved expi	u <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 145800019		CITY OR TOWN	WEYMOU	ГН
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	DENLY GARDEN	S, INC.			
DOING BUSINESS	A				
ADDRESS 25 LAK	E ST.				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02188	
	RUSO, TYPI HARD J.	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE	3SITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISI	ES:			
	see has complied with a sees are now open for b		in below)	o taxes; and	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Acts of 2004, signe	d, attest that we are i d by the building insp certificate of liquor li	pector and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145800020		CITY OR TOWN	WEYMOU	TH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	FRANCO'S PIZZA				
ADDRESS 130 MA					
CITY/TOWN: WE		STATE: MA	ZIP CODE:	02188	
					XX 1
MANAGER: BIT' J.	TO, DOMENIC TY	PE OF LICENSE: Res	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
DECORPTION OF		VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
	LICENSED PREMI CATED WITHIN S				
	swear under penalties				
• •	•	the same type for the	same premises now	licensed:	
		h all laws of the Comr	•		
	-	r business (If not expla	•		
			,		
SIGNED BY:					
	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT Inc	lividual Social S	Security Number)
Acts of 2004, signe	ed by the building in	e in possession (1) the spector and the head liability insurance r	l of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
			-		 '
DATE:					
- -					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145800024		CITY OR TOWN	WEYMOU	TH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: ECCO TRATTOR	IA INC			
DOING BUSINESS	S A ECCO TRATTO	RIA			
ADDRESS 1167 M	AIN ST.				
CITY/TOWN: WE	EYMOUTH	STATE: MA	ZIP CODE:	02190	
MANAGER: DEI PER	LEON, PEGGY TYI REZ	PE OF LICENSE: Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
	F LICENSED PREMIS				
	NG AREA IN STRIP		NT AND TWO REA	AR ENTRAN	CES.
•	swear under penalties				
	wed license will be of		•		
	see has complied with		_	to taxes; and	
3. the prem	nises are now open for	business (If not expl	ain below)		
SIGNED BY:	Individual Partner	or Authorized Corp	orate Officer		
	marviduai, i artiici	of Authorized Corp.	orate Officer		
DATE:			EMPLOYE	D IDENTIFICATI	EION MIMBER
DATE.	TELEPHON	IE NUMBER:		R IDENTIFICAT dividual Social S	
			(* ***** <u>= * * *</u> * **	arviduar Boeiar B	recurry (values)
	ed, attest that we are				
	ed by the building ins certificate of liquor				
Please Check Below:	•	v			
APPROVED:			LOCAL LICENS By:	SING AUTHO	ORITY
DISAPPROVED:			Бу.		
(If disapproved exp	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 145800029		CITY OR TOWN	WEIMOU	IП
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	NIKOFAM, INC				
DOING BUSINESS	A ATHEN'S REST	CAURANT			
ADDRESS 642 MII	DDLE ST.				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02188	
	OLAIDIS, TY	PE OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	ISES:			
2. the licens	ee has complied wit	the same type for the hall laws of the Comn business (If not explanation)	nonwealth relating to		
SIGNED BY:	Individual, Partne	r or Authorized Corpo	rate Officer		
DATE:	TELEPHOI	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the building in	e in possession (1) the aspector and the head cliability insurance re	of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	 ain)				
(II disappioved expi	·····/				
					_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145800030		CITY OR TOWN	WEYMOU	TH
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: BUCKSHOT, INC	***			
DOING BUSINESS	S A BUCK'S BAR &	GRILL			
ADDRESS 416 MII	DDLE STREET				
CITY/TOWN: WE	EYMOUTH	STATE: MA	ZIP CODE:	02188	
MANAGER: BUC D.	CKLEY, PAUL TY	PE OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	:	-			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
2. the licens	see has complied with	the same type for the n all laws of the Common business (If not explanation)	nonwealth relating		
SIGNED BY:	Individual, Partner	r or Authorized Corpo	orate Officer		
DATE:	TELEDIJON	IE NIIMDED.	FMPI OYE	R IDENTIFICAT	TION NUMBER:
	TELEPHON	IE NUMBER:		dividual Social S	
Acts of 2004, signe	ed by the building in	e in possession (1) th spector and the head liability insurance r	d of the fire depart	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(disapproved enpi	/				
DATE:					
			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145800033		CITY OR TOW	'N WEYMOU	TH
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 269 PAI	RK AVE.				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02190	
MANAGER: BRE JOSI	,	YPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
2. the licens	see has complied w ises are now open f	of the same type for the ith all laws of the Cor. For business (If not expense or Authorized Cor.)	nmonwealth relatin		
	marviduai, i aru	ici of Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	d by the building	re in possession (1) t inspector and the he or liability insurance	ad of the fire depa	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145800034		CI	ΓY OR TOW	N WEYMOU	TH
APPLICATION FOR	R RENEWAL:	Annu	al	LICE	ENSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME:	KCDD, INC					
DOING BUSINESS	A MAIN STREET B	BAR & GRILI	_			
ADDRESS 1400 MA	AIN ST					
CITY/TOWN: WE	YMOUTH	STATE:	MA	ZIP CODE:	02190	
	AMBRO, TYP ISTOPHER	E OF LICEN	SE:Restaur	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:				
	D BLDG WITH 2023 DE OF BLDG AND B					ROF
2. the licens	red license will be of the ee has complied with sess are now open for landividual, Partner	all laws of the business (If no	Common ot explain b	wealth relating		
DATE:	TELEPHONI	E NUMBER:			ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor l	pector and th	e head of	the fire depa	rtment for the	above named
Please Check Below:			L	OCAL LICE	NSING AUTHO	ORITY
APPROVED:			В	By:		
DISAPPROVED: [(If disapproved explain	 ain)		_			
(ii disupproved expire	,		_			
			_			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145800035		CITY OR TOW	N WEYMOU	JTH
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	B & A ENTE	RTAINMENT INC.			
DOING BUSINESS A	WARREN'S	PLACE			
ADDRESS 27 PLEAS	SANT ST.				
CITY/TOWN: WEY	MOUTH	STATE: MA	ZIP CODE:	02188	
MANAGER: WILK	IE, BRIAN	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PR	EMISES:			
ONE FLOOR CONSI	STING OF KI	TCHEN, BAR			
I hereby certify and sw	vear under pen	alties of perjury that:			
1. the renewe	d license will b	be of the same type for th	e same premises no	ow licensed;	
2. the licensee	e has complied	l with all laws of the Com	monwealth relating	g to taxes; and	
3. the premise	es are now ope	n for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOY	YER IDENTIFICA	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the understand	attact that w	e are in possession (1) the	ha aa rtif iaata r aar	ined by Chant	on 204 of the
		ng inspector and the hea			
		quor liability insurance			
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explai	n)				
			-		
DATE:					
DATE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 145800039		CITY OR TOWN	WEYMOU	TH
APPLICATION :	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: UNION CHOW	DER HOUSE, INC.			
DOING BUSINE	ESS A OYSTER BAF	₹			
ADDRESS 26 U	NION ST				
CITY/TOWN:	WEYMOUTH	STATE: MA	ZIP CODE:	02190	
MANAGER: P	PERRETTE, T OSEPH	TYPE OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
	OF LICENSED PREM	MISES:			
FRONT AND SI	DE EXIT				
3. the pri		for business (If not exp	· 		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sig	gned by the building	are in possession (1) the inspector and the heat or liability insurance	d of the fire depar	tment for the	above named
Please Check Below:	<u>:</u>		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED (If disapproved e					
	1/				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 145800041		CITY OR TOW	N WEYMOU	JTH
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	LJP CORP.NC.				
DOING BUSINESS	A MARTINI'S				
ADDRESS 450 WA	SHINGTON ST.				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02188	
MANAGER: PER G.	ETTE, JOSEPH TYP	PE OF LICENSE: F	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI		R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
 the renew the licens 	swear under penalties yed license will be of see has complied with ises are now open for	the same type for the all laws of the Cor	nmonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEDIJON	E MIMDED.	EMPI OX	YER IDENTIFICA	TION NUMBER:
	TELEPHON	E NUMBER:		Individual Social S	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	spector and the he	ad of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	 ain)				
(II disupproved expi	<i></i>				
DATE:					_
			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145800043		CITY OR TOW	N WEYMOU	J TH
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	UNION BREW I	HOUSE			
ADDRESS 550 WASI					
CITY/TOWN: WEY		STATE: MA	ZIP CODE:	02188	
MANAGER: POWE	RS, JAMES TY	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L		EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
2. the licensee	d license will be of has complied with	s of perjury that: the same type for the all laws of the Com- business (If not exp	monwealth relating		
SIGNED BY:	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building in	spector and the hea	d of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	<u> </u>		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145800044		CITY OR TOWN	WEYMOU	TH
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	WAH LI FAI COI	RP.			
DOING BUSINESS	A GOURMET OR	IENTAL RESTAURA	ANT		
ADDRESS 625 WAS	SHINGTON ST.				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02188	
MANAGER: LAM	I, ALDY C. TY	PE OF LICENSE: Res	staurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renew	ed license will be of	f the same type for the	same premises now	licensed;	
	=	h all laws of the Comr	=	o taxes; and	
3. the premis	ses are now open for	r business (If not expla	ain below)		
SIGNED BY:	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Acts of 2004, signed	l by the building in	e in possession (1) the aspector and the head r liability insurance r	l of the fire departi	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	uin)				
(11 disappioved expir	<i>)</i>				
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145800046	CI	TY OR TOWN WEYMOUTH
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: VINNIE'S EL DOING BUSINESS A CANNOLIS ADDRESS 920 WASHINGTON S'	URO INC.	
CITY/TOWN: WEYMOUTH	STATE: MA	ZIP CODE: 02188
MANAGER: AXIOS, VASILIS	TYPE OF LICENSE: Restau	rant CATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMAIL	ADDRESS
DESCRIPTION OF LICENSED PRINSTALL A 18' X 19' BAR FIVE (AND FIVE (5) FEET FROM THE CAPACITY.	(5) FEET FROM THE SOUTH	WALL OF THE FUNCTION ROOM ILL NOT INCREASE SEATING
2. the licensee has complied	nalties of perjury that: be of the same type for the sam d with all laws of the Common en for business (If not explain)	wealth relating to taxes; and
SIGNED BY: Individual, P	Partner or Authorized Corporate	e Officer
DATE: TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildi	ing inspector and the head of	rtificate required by Chapter 304 of the the fire department for the above named ired by Chapter 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	l: 145800049		CITY OR TOV	WN WEYMO	UTH
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	WEYMOUT	H LODGE #2232 B.P.O.I	E. OF U.S.A. IN	C.	
DOING BUSINESS	A WEYMOU	TH ELKS			
ADDRESS 1197 WA	ASHINGTON	ST.			
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE	E: 02189	
MANAGER: TRA	PP, GINA	TYPE OF LICENSE: CI	ub	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		OUR WEBSITE AND ENTER YOUR I	MAIL ADDRESS		
I hereby certify and s	swear under per	nalties of perjury that:			
• •	-	be of the same type for the	e same premises	now licensed;	
2. the license	ee has complie	d with all laws of the Com	monwealth relati	ng to taxes; and	l
3. the premi	ses are now op	en for business (If not exp	lain below)		
SIGNED BY:	Individual F	Partner or Authorized Corp	orate Officer		
	1110111010111, 1	armer or raminarized corp			
DATE:	TELE	PHONE NUMBER:	EMPLO	OYER IDENTIFICA	ATION NUMBER:
			(Note: NO]	<u>Γ</u> Individual Social	Security Number)
Acts of 2004, signed	d by the buildi	ve are in possession (1) thing inspector and the headquor liability insurance	d of the fire dep	partment for th	e above named
Please Check Below:			LOCAL LIC	ENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED: Lagrangian (If disapproved explain)	 ain)				
· · · · · · · · · · · · · · · · · · ·	• ,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145800050	CITY OR TOWN WEYMOUTH			TH	
APPLICATION FO	R RENEWAL:	Annual	LI	CEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	WEYMOUTH	FRATERNAL ORDER	OF EAGLES #	2899		
DOING BUSINESS	A					
ADDRESS 1338 W.	ASHINGTON ST					
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODI	E:	02188	
	MOZZI, VARD	ΓΥΡΕ OF LICENSE:Ch	ıb	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:						
50X80 FLOOR ARI	EA, 2 FLOORS, P	PARKING AREA, 2 FLO	OORS			
I hereby certify and	-					
		of the same type for the	-			
	=	with all laws of the Com		ing to	taxes; and	
3. the premi	ises are now open	for business (If not expl	ain below)			
SIGNED BY:			0.00			
	Individual, Par	tner or Authorized Corp	orate Officer			
DATE:	TELEPH	ONE NUMBER:				ION NUMBER:
			(Note: NO	<u>T</u> Ind	ividual Social So	ecurity Number)
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.						
Please Check Below:	•	· · · · · · · · · · · · · · · · · · ·		_		
APPROVED:			By:	EN3	ING AUTHO	JKII Y
DISAPPROVED:			Dy.			
(If disapproved expl	ain)		-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145800051		CITY OR TOWN	WEYMOU	ЛТН
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WESSAGUSSET Y	ACHT CLUB, INC			
DOING BUSINESS	A				
ADDRESS 12 WES	SAGUSSET				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02191	
MANAGER: MUI	RRIN, JOHN JR. TYPI	E OF LICENSE: <mark>Cl</mark>	ıb (CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISI	ES:			
40X100' WATERFF	RONT YACHT CLUB	WITH 8X22' BAR	AND TWO 5X10'	LIQUOR STO	ORAGE
I hereby certify and	swear under penalties of	of perjury that:			
	ved license will be of the		_		
	see has complied with a		_	to taxes; and	
3. the premi	ises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:			TION NUMBER:
			(Note: NOT Ir	idividual Social S	Security Number)
We the undersigne	ed, attest that we are i	n possession (1) th	e certificate requi	red by Chapt	ter 304 of the
	d by the building insp				
license and (2) the	certificate of liquor li	ability insurance r	equired by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	• ` `				
(If disapproved expl	ain)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 145800052		C	ITY OR TOW	N WEIMOU) 1 Π
APPLICATION FOR	RENEWAL:	Annua	al	LICE	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:	LOGGIA GUIS	SEPPE VERDI SO	NS OF IT	TALY #278		
DOING BUSINESS A	A SONS OF ITA	ALY-GIUSEPPE V	ERDI LO	ODGE # 278		
ADDRESS 54 WHIT	MAN ST.					
CITY/TOWN: WEY	MOUTH	STATE:	MA	ZIP CODE:	02188	
MANAGER: RUSS	O, ROCCO	TYPE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
I	LEASE ALSO VISIT OU	JR WEBSITE AND ENTER	YOUR EMAII	ADDRESS		_
DESCRIPTION OF I	JCENSED PRE	MISES:				
I hereby certify and sv						
		e of the same type f		-		
	•	with all laws of the			g to taxes; and	
3. the premis	es are now open	for business (If no	t explain	below)		
SIGNED BY:	Individual, Par	tner or Authorized	Corporat	e Officer		
DATE:	TEI EDH	ONE NUMBER:		EMPLOY	YER IDENTIFICA	ΓΙΟΝ NUMBER:
	TELETT	IONE NOMBER.		(Note: NOT	Individual Social S	Security Number)
						-04-0-5
We the undersigned Acts of 2004, signed						
license and (2) the c						
Please Check Below:]	LOCAL LICE	NSING AUTH	ORITY
APPROVED:				Ву:		
DISAPPROVED:				•		
(If disapproved explain	in)					
DATE:						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1458000	153	CITY OR TOWN WEYMOU	UTH
APPLICATION FOR RENEW	'AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: JASS EN DOING BUSINESS A DISCO ADDRESS 321 BRIDGE ST			
CITY/TOWN: WEYMOUTH	STATE: MA	ZIP CODE: 02189	
MANAGER: kaur,kuldeep	TYPE OF LICENSE:Pa	ackage Store CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO DESCRIPTION OF LICENSE	VISIT OUR WEBSITE AND ENTER YOUR I D PREMISES:	EMAIL ADDRESS	
2. the licensee has con	will be of the same type for th	e same premises now licensed; nmonwealth relating to taxes; and plain below)	
SIGNED BY: Individu	al, Partner or Authorized Corp	porate Officer	
DATE: TI	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145800054		CITY OR TOWN	WEYMOUTH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: BRADY'S IN	IC.		
DOING BUSINESS A BRADY'S I	PACKAGE STORE		
ADDRESS 1516 COMMERCIAL S	ST		
CITY/TOWN: WEYMOUTH	STATE: MA	ZIP CODE:	02189
MANAGER: BRADY, GEORGE F.	TYPE OF LICENSE:Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED PR	REMISES:		
ONE STORY BLDG. W/ FRONT I LOCATED ON REAR LEFT SIDE		DOOR FOR DELIV	/ERIES AND EXIT
2. the licensee has complied 3. the premises are now open SIGNED BY:	en for business (If not expla	nin below)	
Individual, P	Partner or Authorized Corpo	rate Officer	
DATE: TELEI	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145800055		CITY OR TOWN WETMI	ООТП
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 486 COLU		S, INC.		
CITY/TOWN: WEY	MOUTH STA	TE: MA	ZIP CODE: 02190	
MANAGER: CURT D	TIS, RICHARD TYPE OF LI	CENSE: Pack	cage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	AIL ADDRESS	
	ICENSED PREMISES: nal 2826 sq ft of ground floo	r area for sto	rage	
	es are now open for business Individual, Partner or Author	(If not explain		iu
DATE:	TELEPHONE NUMI	BER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	n)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14580005	6	CITY OR TOWN WEYM	OUTH
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: NEMIL & DOING BUSINESS A TOWER			
ADDRESS 825 MIDDLE ST			
CITY/TOWN: WEYMOUTH	STATE: MA	ZIP CODE: 02188	
MANAGER: PATEL, NAVIN	K. TYPE OF LICENSE:	Package Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS: PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
BRICK & BLOCK BLDG; 30'X CUSTOMER ACCESS; REAR THE ENTIRE FIRST FLOORI STRUCTURE IN THE REAR' DIRECTLY INTO THE EXIST	DOOR FOR DELIVERIES. REPLACE 8X22 FOOT TE FHE REPLACEMENT STF	ERECT SECOND STORY ON MP. STRUCTURE WITH PER	TOP OF MANENT
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for t	he same premises now licensed;	
2. the licensee has comp	olied with all laws of the Con	mmonwealth relating to taxes; a	nd
3. the premises are now	open for business (If not ex	plain below)	
SIGNED BY: Individua	l, Partner or Authorized Cor	porate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUBy:	THORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 14580005/		CITY OR TOWN WETMO	UIH
APPLICATIO	N FOR RENEWAL	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI	NESS A PARK AV	NUE MARKET-ACE HA ENUE MARKET-ACE H		
ADDRESS 46				
CITY/TOWN:	WEYMOUTH	STATE: MA	ZIP CODE: 02189	
MANAGER:	HAWKES, THEODORE R.	TYPE OF LICENSE:P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
	premises are now op	ed with all laws of the Con pen for business (If not exp Partner or Authorized Corp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:			-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 145800058		CITY OR TOWN WETMIC	UIII
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: BAILEYS F NESS A PLEASANT ST	PKG STORE,INC		
CITY/TOWN:	WEYMOUTH	STATE: MA	ZIP CODE: 02190	
MANAGER:	KEHLBECK, WILLIAM P	TYPE OF LICENSE:Pa	ackage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
	premises are now op	ed with all laws of the Compen for business (If not exp		1
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Bele APPROVED: DISAPPROVI	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:			_	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145800059		CITY OR TOWN	WEYMOU	TH
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	SOUTH SHORE	E VARIETY STORE I	NC.		
DOING BUSINESS	A PLEASANT S	T GENERAL STORE			
ADDRESS 451 PLE	EASANT ST				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02189	
MANAGER: PAT	EL, SAUMIL T	YPE OF LICENSE:Pa	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	AISES:			
2. the licens	see has complied w ises are now open f	of the same type for the rith all laws of the Comfor business (If not expense or Authorized Corp	nmonwealth relating to		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: eccurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	ain)				
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED B	Y LICENSEES DURING THE I	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	45800060	(CITY OR TOWN	WEYMOU	TH
APPLICATION FOR F	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
	TELLENNY LIQUORS MICHAELS WINE & S				
ADDRESS 461 WASH	INGTON ST				
CITY/TOWN: WEYN	MOUTH ST	ATE: MA	ZIP CODE:	02189	
MANAGER: BLOCK	K, MARTIN DTYPE OF	LICENSE: Pack	age Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI DESCRIPTION OF LIG	EASE ALSO VISIT OUR WEBSITE AT CENSED PREMISES:	ND ENTER YOUR EMA	AIL ADDRESS		
2. the licensee 3. the premises SIGNED BY:	license will be of the san has complied with all law are now open for busine and individual, Partner or Aut	ss (If not explain	onwealth relating n below)		
•	individual, Further of Fu	nonzea Corpor			
DATE:	TELEPHONE NUM	MBER:		R IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145800061		CITY OR TOWN	WEIMOU	п
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 915 WAS	A LYNN'S VA	RIETY			
CITY/TOWN: WEY	MOUTH	STATE: MA	ZIP CODE:	02189	
MANAGER: PATE N.	L, PRAYAG	TYPE OF LICENSE:P	ackage Store CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF L		DUR WEBSITE AND ENTER YOUR EMISES:	EMAIL ADDRESS		
2. the licenses 3. the premise	d license will be has complied	alties of perjury that: e of the same type for the with all laws of the Con n for business (If not exp	nmonwealth relating to		
SIGNED BY:	Individual, Pa	rtner or Authorized Cor	porate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS! By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1458	300062	CITY OR TOWN WETMO	UIH
APPLICATION FOR REN	NEWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: E & DOING BUSINESS A ADDRESS 021-23 WASH	IINGTON STR		
CITY/TOWN: WEYMOU			
MANAGER:	TYPE OF LICENSE:	Package Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE DESCRIPTION OF LICEN	ALSO VISIT OUR WEBSITE AND ENTER YOU NSED PREMISES:	R EMAIL ADDRESS	
2. the licensee has 3. the premises are SIGNED BY:	ense will be of the same type for to complied with all laws of the Complete now open for business (If not exvidual, Partner or Authorized Complete	mmonwealth relating to taxes; and splain below)	I
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:		-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 145800063	CITY OR TOWN	WEIMOUIH
APPLICATION FOR	R RENEWAL: Annu	ual LICENS	SED FOR 2013
	CLA	SS	YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 622 MID		YMOUTH,INC.	
CITY/TOWN: WE'		MA ZIP CODE:	02189
	NERS, KEVIN TYPE OF LICEN	SE:Package Store CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
·	PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISES:		
2. the license	ed license will be of the same type ee has complied with all laws of the ses are now open for business (If n Individual, Partner or Authorized	e Commonwealth relating to ot explain below)	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	iin)	LOCAL LICENSI By:	ING AUTHORITY
DATE:		-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 14580006/		CITY OR TOWN WEIMO	UIH
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	NESS A PIZZA PL	EA STREET CORPORAT US	TION	
CITY/TOWN:	WEYMOUTH	STATE: MA	ZIP CODE: 02189	
MANAGER:	HOLMES, JACQUELINE	TYPE OF LICENSE: Pa	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
	premises are now op	ed with all laws of the Compen for business (If not expanded) Partner or Authorized Corp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	45800068		CI	TY OR TO	WIN	WEIMOU) 1 II
APPLICATION FOR R	RENEWAL:	Annua	ıl	LI	CENS	ED FOR 2	013
		CLAS	S				YEAR
LICENSEE NAME: N DOING BUSINESS A	MINI MARKET	RPORATIO	N INC.				
ADDRESS 405-407© N					_		
CITY/TOWN: WEYM	10UTH	STATE:	MA	ZIP CODI	Ξ:	02189	
MANAGER: LE, DE	NISE TYPE	OF LICENS	E:Packag	ge Store	CA	ΓEGORY:	Wine and Malt Regular
EMAIL ADDRESS:							
	EASE ALSO VISIT OUR WEBS		YOUR EMAIL	ADDRESS			
DESCRIPTION OF LIC			ATT ED C	NITT O NAME		ED ANGEG	DEAD
1996 S/F WITH 4 AISI DOOR FOR DELIVER		S. 2 DOORS	SALFRO	INI & MAI	N EN	IRANCES	. KEAK
3. the premises SIGNED BY:	has complied with all are now open for bu	usiness (If no	t explain	below)	ing to	taxes; and	
DATE:	TELEPHONE	NUMBER:					ΓΙΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)])			LOCAL LIC	ENSII	NG AUTH	ORITY
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 145800069		CITY OR TOWN WETMIC	JUIH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
		D INC. EACHWAY LIQUORS		
	WEYMOUTH	STATE: MA	ZIP CODE: 02191	
MANAGER:	PATEL, HIMANSHU D	TYPE OF LICENSE:Pa	ackage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
2. the	licensee has complie premises are now op	· -		d
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 145800070		CITY OR TOWN WETMIC	JUIN
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	ME: R. K. MARKETING NESS A BROAD & VINE L BROAD ST			
CITY/TOWN:	WEYMOUTH	STATE: MA	ZIP CODE: 02189	
MANAGER:	LILLANEY, TYPE RATANKUMAR C.	OF LICENSE:Pac	kage Store CATEGORY	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMISE	S:		
2. the l		l laws of the Comn siness (If not expla		d
		•		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 145800071	CITY OR TOWN WEYMOUTH
APPLICATION FOR RENEWAL: An	nual LICENSED FOR 2013
CL	ASS YEAR
LICENSEE NAME: H & H LIQUORS, INC	
DOING BUSINESS A B & K LIQUORS	
ADDRESS 1212 WASHINGTON STREET	
CITY/TOWN: WEYMOUTH STATE	: MA ZIP CODE: 02189
MANAGER: HUEY TROUNG TYPE OF LICE	ENSE: Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENT	TER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
STORE FRONT IN STRIP MALL WITH ONE FRO EMERGENCY.	NT ENTRANCE EXI T AND ONE REAR
 I hereby certify and swear under penalties of perjury t the renewed license will be of the same type the licensee has complied with all laws of the premises are now open for business (If 	be for the same premises now licensed; the Commonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authoriz	zed Corporate Officer
DATE: TELEPHONE NUMBE	R: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DUR	ING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 164)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 145800072		CITY OR TOWN WETMOUT	П
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 201	.3
	(CLASS	Y	/EAR
	AME: JOHN'S LIQUORS, INC, NESS A JOHN'S LIQUORS 55 MAIN ST			
CITY/TOWN:	WEYMOUTH STAT	ΓE: MA	ZIP CODE: 02189	
MANAGER:	NGUYEN, HOANG TYPE OF LIC (JOHN) THAI	CENSE:Pac	ckage Store CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEBSITE AND F	NTER YOUR EN	AAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISES:			
	licensee has complied with all laws of premises are now open for business of Individual, Partner or Autho	(If not expla	ain below)	
	,	·		
DATE:	TELEPHONE NUMB	ER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Sec	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTHOR By:	RITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 145800078	1	CITY OR TOWN WEYM	OUTH
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME:	VB DINING GROUP I	NC.		
DOING BUSINESS A	A PEPPERCORNZ			
ADDRESS 1037 MA	IN STREET			
CITY/TOWN: WEY	MOUTH	STATE: MA	ZIP CODE: 02190	
MANAGER: VARI	RASO, LINDA TYPE O	F LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	LEASE ALSO VISIT OUR WEBSITI		AIL ADDRESS	
	ICENSED PREMISES:			
1 FLOOR BLDG.	1 10 6			
•	wear under penalties of p	•	somo mamicos novelicancode	
		• •	same premises now licensed; onwealth relating to taxes; and	
	es are now open for busi		_	ild
	os are now open for ous			
SIGNED BY:				
SIGNED D1.	Individual, Partner or A	Authorized Corpor	rate Officer	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	ial Security Number)
We the undersigned	. attest that we are in n	oossession (1) the	certificate required by Cha	anter 304 of the
Acts of 2004, signed	by the building inspect	tor and the head	of the fire department for	the above named
license and (2) the co	ertificate of liquor liabi	ility insurance re	quired by Chapter 116 of t	he Acts of 2010.
Please Check Below:			LOCAL LICENSING AU	ΓHORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved explain	 in)			
monpployed explui	,			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 145800082		CITY OR TOV	VN WEIMOU) I II
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: THOMAS HANN	AH INC.			
DOING BUSINESS	S A RED ROSE CAF	TÉ			
ADDRESS 800 BR	OAD STREET				
CITY/TOWN: WE	EYMOUTH	STATE: MA	ZIP CODE	: 02188	
	KENZIE, TY EANOR	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
	•	n all laws of the Comr business (If not expla		ng to taxes; and	
BIGINED BIT.	Individual, Partner	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT	
Acts of 2004, signe	ed by the building in	e in possession (1) the spector and the head liability insurance r	l of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(II disappioved expi	iaiii <i>)</i>				
DATE:			_		



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ON PREMISES LICENSE RENEWAL APPLICATION

EICEINSE INCIN	IBER: 145800084		CITY OR TOWN	WEIMOUIII
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAI	ME: wok-n-grill, inc			
DOING BUSIN	ESS A ASIA PALAC	E JAPANESE/CHINES	SE RESTAURANT	
ADDRESS 35 P	PLEASANT STREET			
CITY/TOWN:	WEYMOUTH	STATE: MA	ZIP CODE:	02190
	WU, LEO MAOSHENG	ΓΥΡΕ OF LICENSE: R€	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	MISES:		
	N A STRIP MALL. R		DES A DINING RO	OM AND FUNCTION
SIGNED BY:		for business (If not exp		
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersi	igned, attest that we igned by the building	are in possession (1) the inspector and the hea	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart	
We the undersi Acts of 2004, si license and (2)	igned, attest that we igned by the building the certificate of liqu	are in possession (1) the inspector and the hea	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart required by Chapte	ed by Chapter 304 of the ment for the above named
We the undersite Acts of 2004, silicense and (2) Please Check Below APPROVED:	igned, attest that we igned by the building the certificate of liqu	are in possession (1) the inspector and the hea	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart required by Chapte	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
We the undersite Acts of 2004, silicense and (2) Please Check Below APPROVED: [DISAPPROVEI]	igned, attest that we igned by the building the certificate of liques.	are in possession (1) the inspector and the hea	(Note: <u>NOT</u> Inc. ne certificate required of the fire departed by Chaptee LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
We the undersite Acts of 2004, silicense and (2) Please Check Below APPROVED:	igned, attest that we igned by the building the certificate of liques.	are in possession (1) the inspector and the hea	(Note: <u>NOT</u> Inc. ne certificate required of the fire departed by Chaptee LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
We the undersite Acts of 2004, silicense and (2) Please Check Below APPROVED: [DISAPPROVEI]	igned, attest that we igned by the building the certificate of liques.	are in possession (1) the inspector and the hea	(Note: <u>NOT</u> Inc. ne certificate required of the fire departed by Chaptee LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1458000	J86	CITY OR TOWN	WEIMOUIH
APPLICATION FOR RENEW	/AL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SOUTH	SHORE YACHT CLUB, IN	C.	
DOING BUSINESS A			
ADDRESS 800 BRIDGE ST.			
CITY/TOWN: WEYMOUTH	STATE: MA	ZIP CODE:	02188
MANAGER: KELLY, JAMI	ES TYPE OF LICENSE: C	Club C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
ONE FLOOR, METAL BLDC			
I hereby certify and swear under	1 0 0		
	will be of the same type for the	-	
	mplied with all laws of the Cor	_	o taxes; and
3. the premises are no	w open for business (If not ex	plain below)	
SIGNED BY: Individu	ual, Partner or Authorized Cor	norate Officer	
marviac	iai, i artifer of riadiofized Cor	portite Officer	
DATE:	ELEDHONE MUMDED.	EMPLOVE	R IDENTIFICATION NUMBER:
1.	ELEPHONE NUMBER:		dividual Social Security Number)
			•
We the undersigned, attest to Acts of 2004, signed by the b			
license and (2) the certificate			
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
DATE.			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145800088		CITY OR TOWN	WEYMOU	TH
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 174 MIDI	1	М			
CITY/TOWN: WEY	MOUTH	STATE: MA	ZIP CODE:	02188	
MANAGER: PHAN Q	I, BRANDON TYPE	OF LICENSE: Pac	ckage Store (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L					
STREET LEVEL STO DELIVERIES. 300 S				DOOR FOR	
	e has complied with a es are now open for bu	usiness (If not expl	ain below)	to taxes; and	
	Individual, Partner of	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145800089		CITY OR TOWN	WEYMOU	TH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1284 W.	A K.C.'S PUB &				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02189	
	OURY, T'	YPE OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:			
TO ADD A PATIO I hereby certify and					
2. the licens	see has complied wi	of the same type for the ith all laws of the Comor business (If not expert or Authorized Corp	monwealth relating t lain below)		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICAT	
Acts of 2004, signe	d by the building i	re in possession (1) this pector and the header liability insurance	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	ain)				
(II disappioved expi	wiii)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY	LICENSEES DURING THE N	MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145800091		CITY OR TOWN	WEYMOU'	TH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	: UPNEET, INC. S A INDIAN-DELIGH	łT			
ADDRESS 428 WA	ASHINGTON ST				
CITY/TOWN: WE	EYMOUTH	STATE: MA	ZIP CODE:	02188	
MANAGER: SING GUF	GH, TYP RCHARAN	E OF LICENSE: Resi	taurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:	-			
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		AIL ADDRESS		
	see has complied with ises are now open for l Individual, Partner		in below)	o taxes; and	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins certificate of liquor l	pector and the head	of the fire departs	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN	WEYMOU	JTH
Annual	LICEN	SED FOR 20	013
CLASS			YEAR
STATE: MA	ZIP CODE:	02190	
F LICENSE: Rest	taurant C.	ATEGORY:	All Alcohol
AND ENTER YOUR EM	AIL ADDRESS		_
ATED AT STAT	TE ROAD.		
• 1			
	C	o taxes; and	
iess (ii not expia	in below)		
uthorized Corpo	rate Officer		
JMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	(Note: NOT Inc	lividual Social S	Security Number)
ossession (1) the	certificate requir	ed by Chapt	er 304 of the
or and the head	of the fire depart	ment for the	above named
lity insurance re	equired by Chapte	r 116 of the	Acts of 2010.
	LOCAL LICENS	SING AUTH	ORITY
	By:		
	Annual CLASS STATE: MA F LICENSE: Rest AND ENTER YOUR EM ATED AT STAT erjury that: ame type for the saws of the Communess (If not explain the exp	Annual LICEN CLASS STATE: MA ZIP CODE: F LICENSE: Restaurant C. AND ENTER YOUR EMAIL ADDRESS ATED AT STATE ROAD. erjury that: ame type for the same premises now aws of the Commonwealth relating these (If not explain below) uthorized Corporate Officer JMBER: EMPLOYER (Note: NOT Inconsession (1) the certificate required or and the head of the fire departs lity insurance required by Chapter LOCAL LICENS	CLASS STATE: MA ZIP CODE: 02190 F LICENSE: Restaurant CATEGORY: AND ENTER YOUR EMAIL ADDRESS ATED AT STATE ROAD. Perjury that: ame type for the same premises now licensed; aws of the Commonwealth relating to taxes; and mess (If not explain below) uthorized Corporate Officer JMBER: EMPLOYER IDENTIFICA' (Note: NOT Individual Social States) possession (1) the certificate required by Chapter or and the head of the fire department for the lity insurance required by Chapter 116 of the LOCAL LICENSING AUTH



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145800095		CITY OR TO	NN WEYMOU	TH
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HAJJAR CORP				
DOING BUSINESS	A				
ADDRESS 969 WA	SHINGTON STR	EET			
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE	E: 02189	
MANAGER: HAJJ FREI	JAR, T DERICK P	YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
5 ROOMS ALL ON	GROUND LEVE	L SITUATED AT STA	ATE ROAD.		
	ses are now open i	rith all laws of the Confor business (If not exp	lain below)	ing to taxes, and	
DATE:	TELEPHO	ONE NUMBER:	EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO		Security Number)
Acts of 2004, signed	d by the building	nre in possession (1) the inspector and the heat or liability insurance	d of the fire dep	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	nin)				
(11 disapproved expit	·····)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 145800097		CITY OR TOWN	WEYMOUTH	
APPLICATION F	OR RENEWAL:	Annual	LICENSI	ED FOR 2013	
		CLASS		YE	AR
LICENSEE NAM	E: HEARTH 'N	KETTLE OF WEYMOU	TH, INC.		
DOING BUSINES	SS A HEARTH N	I' KETTLE			
ADDRESS 151 M	IAIN STREET				
CITY/TOWN: W	VEYMOUTH	STATE: MA	ZIP CODE:	02188	
MANAGER: CA	ATANIA, TILLIAM	TYPE OF LICENSE: Re	estaurant CAT	ΓEGORY: Al	l Alcohol
EMAIL ADDRES	SS:				
		OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION C			TEL DOAD		
5 ROOMS ALL C	ON GROUND LEV	VEL SITUATED AT STA	TE ROAD.		
2. the lice	ensee has complied emises are now ope	be of the same type for the d with all laws of the Comen for business (If not expendent or Authorized Corp	monwealth relating to talin below)		
DATE:	TELEC	PHONE NUMBER:	EMPLOYER I	DENTIFICATION	NUMBER:
	IELEF	HONE NUMBER.	(Note: NOT Indiv		
Acts of 2004, sign	ned by the buildi	re are in possession (1) the ng inspector and the hea quor liability insurance	d of the fire departme	ent for the abo	ve named
Please Check Below:	_		LOCAL LICENSIN	NG AUTHORI	ТҮ
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
· · · · · · · · · · · · · · · · · · ·	1 ' /				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 145800100		CITY OR TOW	N WEYMOU	TH
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1227 WA	A CAPONE'S PIZZ	ERIA & PROHIBIT	TION PUB		
CITY/TOWN: WEY	MOUTH	STATE: MA	ZIP CODE:	02189	
MANAGER: NUG	ENT, PETER F.TYP	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I APPROX. 2400 S/F.		SES:			
2. the license	ed license will be of the has complied with es are now open for	all laws of the Combusiness (If not exp	monwealth relating		
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	pector and the hea	d of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICES By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145800101		CITY OR TOV	WN WEIMOU	JIn
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: Riverway Restau	rant Group, Inc			
DOING BUSINESS	S A Tio Juan's Marg	garitas Mexican Restau	ırant		
ADDRESS 765 BR	IDGE STREET				
CITY/TOWN: WE	EYMOUTH	STATE: MA	ZIP CODE	2: 02191	
MANAGER: BOUCAI	URBEAU, T'	YPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	IISES:			
2. the licent	see has complied wi	of the same type for the th all laws of the Comor business (If not exp	monwealth relati		
SIGNED BY:	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		DYER IDENTIFICA ☐ Individual Social :	
Acts of 2004, signe	ed by the building i	re in possession (1) the nspector and the hear I liability insurance	d of the fire dep	artment for the	e above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(II disappioved expl	14111 <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 145800104		CITY OR TOWN	N WEYMOU	TH
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
	SWEET LEMON, INC A SWEET LEMONS	C.			
ADDRESS 824 WA	SHINGTON STREET				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02189	
MANAGER: NEA	· · · · · · · · · · · · · · · · · · ·	OF LICENSE: Res	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI		IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES	S:			
2. the licens	yed license will be of the see has complied with all ses are now open for bus	laws of the Comr	nonwealth relating		
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are in d by the building inspe- certificate of liquor lial	ctor and the head	l of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145800107		C	TITY OR TOW	N WEYMOU	JTH
APPLICATION FO	R RENEWAL:	Annua	1	LIC	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS	A JIMMY'S BROA	D STREET DI	NER			
ADDRESS 122 BRO	OAD STREET					
CITY/TOWN: WE	YMOUTH	STATE:	MA	ZIP CODE:	02188	
	TOMIRIA, TY MANUEL	PE OF LICENS	E:Resta	urant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR W LICENSED PREMI		OUR EMAI	L ADDRESS		
2. the licens	swear under penalties yed license will be of see has complied with ises are now open for	the same type for all laws of the	or the sa Commo	nwealth relatir		
SIGNED BY:	Individual, Partner	or Authorized	Corpora	te Officer		
DATE:	TELEPHON	IE NUMBER:			YER IDENTIFICA	
Acts of 2004, signe	d, attest that we are d by the building in certificate of liquor	spector and the	head o	f the fire depa	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)			LOCAL LICE By:	ENSING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 145800110		CITY OR TOWN	WEIMOU	IП
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SIAM FIRST INC.				
DOING BUSINESS	A SIAM FIRST TH	AI CUISINE			
ADDRESS 1616 M	AIN STREET				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02190	
	NMUAN, TYP DERM	PE OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
2. the licens	wed license will be of to see has complied with ises are now open for	all laws of the Comm	nonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are d by the building ins certificate of liquor l	pector and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	ain)				
(II disappioved expi	u,				
DATE:					_



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 145800111		CITY OR TOV	VN WEYMOU	JTH
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 35 PLEA		UPER MARKET	S INC.		
CITY/TOWN: WE		STATE: M	IA ZIP CODE	: 02190	
	ESUS, JOHN A. TYI			CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	UR EMAIL ADDRESS		
	LICENSED PREMIS				
	ONT DOOR FOR A OT. ALL ALCOHO MENT.				
2. the licens	yed license will be of ee has complied with ses are now open for	all laws of the Co	ommonwealth relati		
	Individual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICA' Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 145800112		CITY OR TOWN	WEYMOU'	TH
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	P.M. GENERAI	L, INC			
DOING BUSINESS	A WEYMOUTH	FOOD MART			
ADDRESS 1690 MA	AIN STREET				
CITY/TOWN: WE	YMOUTH	STATE: MA	ZIP CODE:	02190	
MANAGER: BAIO	G, SALMAN T	TYPE OF LICENSE:Pa	ckage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF					
		NTRANCE/EXITS AN WITHIN PREMISES		RESTROOM	S, AN
	=	rith all laws of the Comfor business (If not exp	_) taxes; and	
	Individual, Parti	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:	/				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 145800113		CITY OR TOWN WEIMO	UIH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI	AME: AYUSH COROPOT. NESS A MARIA'S CONVE			
	5 Columbian St			
CITY/TOWN:	WEYMOUTH	STATE: MA	ZIP CODE: 02189	
MANAGER:	PATEL, TYPE JAYESHKUMAR B.	OF LICENSE: Pac	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISE	S:		
one story conv	renience store with front entra	nce and exit. Coole	ers for storage of beer	
	premises are now open for bu	usiness (If not expla		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Beld APPROVED:			LOCAL LICENSING AUTH By:	IORITY
DISAPPROVI (If disapproved				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14580	00115	CITY OR TOWN	WEYMOUTH
APPLICATION FOR RENI	EWAL: Annua	l LICEN	ISED FOR 2013
	CLAS	S	YEAR
LICENSEE NAME: KILE	Y FOOD GROUP, LLC		
DOING BUSINESS A PAS	SPORT		
ADDRESS 61 Washington	St		
CITY/TOWN: WEYMOU	TH STATE:	MA ZIP CODE:	02189
MANAGER: KILEY, NE	L TYPE OF LICENS	E:Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICEN			
2100 sq ft first floor of a ster front sts. Other is on side of		oors. One door is on corne	er of washington and
I hereby certify and swear un	nder penalties of perjury that	:	
1. the renewed licer	se will be of the same type f	or the same premises now	v licensed;
2. the licensee has o	complied with all laws of the	Commonwealth relating t	to taxes; and
3. the premises are	now open for business (If no	t explain below)	
SIGNED BY:			
Indiv	idual, Partner or Authorized	Corporate Officer	
D.A.WE			
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
		(Note: NOT Inc	dividual Social Security Number)
	t that we are in possession		
	e building inspector and the ate of liquor liability insura		
	tte of inquot hability insure		
Please Check Below: APPROVED:			SING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
			<u> </u>
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145800116		CITY OR TOW	N WEIMOU	ПП
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Weymouth House of	f Pizza, Inc			
DOING BUSINESS A	A Weymouth House	of Pizza			
ADDRESS 779 Broad	l St				
CITY/TOWN: WEY	MOUTH	STATE: MA	ZIP CODE:	02189	
MANAGER: Idaris,	Anstasios TYPI	E OF LICENSE: Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISI	ES:			
front entrance, back ex	xit, 5 tables. Baseme	ent			
I hereby certify and sv	vear under penalties of	of perjury that:			
1. the renewe	d license will be of th	ne same type for the	same premises no	ow licensed;	
2. the license	e has complied with a	all laws of the Comr	nonwealth relatin	g to taxes; and	
3. the premise	es are now open for b	ousiness (If not expl	ain below)		
	_				
SIGNED BY:					
SIGNED B1.	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building insp	pector and the head	d of the fire depa	rtment for the	above named
, ,	er uncate or inquor in	ability insurance i			
Please Check Below: APPROVED:				NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explai	 n)				
(11 disappioved explai	11)				
DATE:			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1458	00118	CITY OR TOWN WEIMO	UIH
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: ELLI DOING BUSINESS A TH			
ADDRESS 791 BROAD S'	Γ		
CITY/TOWN: WEYMOU	TH STATE: MA	ZIP CODE: 02189	
MANAGER: IDARIS, EI	LLI TYPE OF LICENSE:P	Package Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICEN			
	BACK EXIT, SQ BLDG CONT nder penalties of perjury that:	'AINING BASAEMENT, ATTIC	
3. the premises are SIGNED BY:	now open for business (If not exp		
Indiv	vidual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 145800119		CITY OR TOWN WEYMO	JTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: LIME LEAF INC.			
DOING BUSI	NESS A LIME LEAF			
ADDRESS 43	5 COLUMBIA STREET			
CITY/TOWN:	: WEYMOUTH	STATE: MA	ZIP CODE: 02189	
MANAGER:	LIMPANATHARN, TYP WANIDA	'E OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PREMIS			
WITH A DIN	ING ROOM, KITCHEN, B.	ASEMENT FOR STO	JMBIAN STREET, WEYMOU DRAGE AND AN OFFICE LO LANCE/EXIT TO A ABACK F	FT.
I hereby certify	y and swear under penalties	of perjury that:		
1. the	renewed license will be of t	the same type for the s	same premises now licensed;	
2. the	licensee has complied with	all laws of the Comm	onwealth relating to taxes; and	
3. the	premises are now open for	business (If not explain	in below)	
SIGNED BY:		or Authorized Corpor	rate Officer	
DATE:			EMPLOYER IDENTIFICA	TION NUMBER.
DATE.	TELEPHON	E NUMBER:	(Note: NOT Individual Social	
Acts of 2004,	signed by the building ins	pector and the head	certificate required by Chap of the fire department for the quired by Chapter 116 of the	e above named
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 145800120		CITY OR TOWN	WEYMOU	TH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: SAR INC.				
DOING BUSI	NESS A PACINI'S I'	TALIAN EATERY			
ADDRESS 82	4 WASHINGTON ST	ГКЕЕТ			
CITY/TOWN:	WEYMOUTH	STATE: MA	ZIP CODE:	02189	
MANAGER:	DOORANDISH, RAMIN	TYPE OF LICENSE:	Restaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
	N OF LICENSED PR				
	ONE FLOOR BUILS 2 HANDICAPPED I	SING;ONE DOOR IN F BATHROOMS.	RONT & ONE IN RE	AR ;4 WIND	OWS
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for t	he same premises now	licensed;	
2. the	licensee has complied	d with all laws of the Co	mmonwealth relating t	to taxes; and	
3. the	premises are now ope	en for business (If not ex	plain below)		
SIGNED BY:					
	Individual, P	artner or Authorized Con	rporate Officer		
DATE					
DATE:	TELEF	PHONE NUMBER:			FION NUMBER: ecurity Number)
			(1000. <u>1101</u> mi	iividaai 50ciai 5	recurry (varioer)
		ve are in possession (1)			
		ng inspector and the ho quor liability insurance			
		quoi naomiy msurane			
Please Check Beld APPROVED:	<u>ow:</u>		LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVI	ED:		By:		
(If disapproved	d explain)				
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	145800121		CITY OR TO	WN WEIMOU	111
APPLICATION FOR F	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A ADDRESS 1073 MAIN	Stockholders				
CITY/TOWN: WEYN	MOUTH	STATE: MA	ZIP CODI	E: 02189	
MANAGER: Hynes,	Kevin TYPF	E OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	ES:			
5850 SQ FT FREE STA BACK	ANDING BUILDIN	G; 80 PARKING	SPACES; 3 EXI	TS (2 ON SIDES	, 1 IN
I hereby certify and swe	ear under penalties o	of perjury that:			
1. the renewed	license will be of th	ne same type for th	e same premises	now licensed;	
2. the licensee	has complied with a	all laws of the Con	nmonwealth relat	ing to taxes; and	
3. the premises	s are now open for b	usiness (If not exp	lain below)		
SIGNED BY:	Individual, Partner o	or Authorized Corp	porate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT $f T$ Individual Social S	
We the undersigned, Acts of 2004, signed b license and (2) the cer	y the building insp	ector and the he	ad of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1458	00122	CITY OR TOWN WETMO	UIH
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MAN	NAKAMANA,INC.		
DOING BUSINESS A FIS	HTAIL KITCHEN		
ADDRESS 532 POND ST	REET		
CITY/TOWN: WEYMOU	JTH STATE: MA	A ZIP CODE: 02189	
MANAGER: THAPA, R	AM TYPE OF LICENSE:	Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICEN	ISED PREMISES:		
I hereby certify and swear u	under penalties of perjury that:		
1. the renewed lice	nse will be of the same type for t	he same premises now licensed;	
	•	mmonwealth relating to taxes; and	d
3. the premises are	now open for business (If not ex	plain below)	
SIGNED BY:			
	vidual, Partner or Authorized Con	rporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	l Security Number)
		the certificate required by Chap	
		ead of the fire department for the e required by Chapter 116 of th	
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 145800123		CITY (OR TOWN	WEYMOU	TH
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS						
ADDRESS 117 BRII		JEEE				
CITY/TOWN: WEY		STATE: MA	711	P CODE:	02189	
MANAGER: TAG					ATEGORY:	All Alcohol
Г	SAICI, JAIVILS I II	E Of LICEINSE.RC			MILOOKI.	
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WE	RSITE AND ENTED VOLD 1	EMAII ADDD	FCC		
DESCRIPTION OF I			EMAIL ADDR	LSS		
ONE STORY BRICK BUILDING CONTA MEN'S & WOMEN'S	X & WOODEN BUIL INS A KITCHEN, S.	LDING W/ 2 MAIN				
I hereby certify and s	wear under penalties	of perjury that:				
1. the renewe	ed license will be of t	he same type for the	e same pr	emises now	licensed;	
	e has complied with			_	to taxes; and	
3. the premis	es are now open for l	ousiness (If not exp	lain belov	w)		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Off	icer		
DATE:	TELEPHONI	F NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEEETHOT	3 I (CIVIDEIX.	(N	Note: NOT In	dividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	pector and the hea	nd of the	fire depart	ment for the	above named
Please Check Below:			LOCA	AL LICENS	SING AUTH	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved expla	 in)					
r ·	•					
DATE:						
APPLICATION FOR RENEW	AI MIIST RE EII EIN DVIII	CENSEES DUDING TUE	MONTU OF	NOVEMBED A	AGI Ch 120¢ 1	
ALL LICATION FOR RENEW	AL MOST DE LIPED DI PI	CELISEES DOKING THE I	MONIA OF I	MOVENIDEK (IV	11.U.L. CII. 136 \$ 10	JA)